OF BIRTH ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State Index No. ORIGINAL CERTIFICATE OF BIRTH County Registrar No. Local Registrar No. City of (if birth secured in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. Ball name of child Sex of Child To be answered ONLY Date in event of plural of birth births. ) 5. No., in order of birth... Month year MOTER 15. Residence (Usual place o Usual place o Dif nonresident, Ave resident, give piace and state Color or race 18. Birthplace (city 12. Birthplace (city of (State or country) (State or country) 13. Occupation 19. Occupation Nature of industr Nature of industry 20. Number of children of this mother Were precautions taken against on thalmia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (e) Billborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIE I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report Month, day, year. Registrar. County Registrar.